UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE:

CHAPTER 13

Hope Elaine Stevenson,

CASE NO. 16-70025 - LRC

Debtor.

DEBTOR'S AMENDMENT TO CHAPTER 13 SCHEDULES

COMES NOW Debtor, and amends the Chapter 13 Schedules to provide the

following:

1.

Debtor amends Schedule F of this Chapter 13 case, as attached, to add the

following creditors:

American Anesthesiology Assoc of Georgia PO Box 88087 Chicago IL 60680

Amerimark PO Box 2845 Monroe WI 53566

CarePayment PO Box 2398 **Omaha NE 68103**

Medical Revenue Service P.O. Box 1149 Sebring FL 33871

Metro Ambulance Services P.O. Box 198408 Atlanta GA 30384

Portfolio Recovery P.O. Box 12914 Norfolk VA 23541

Quest Diagnostics PO Box 55126 Boston MA 02205

Smokerise Family Medical Association 1505 Lilburn-Stone Mountain Rd. Suite 100 Stone Mountain GA 30087

WHEREFORE, Debtor prays that this Amendment be allowed, and for such other and further relief as the Court deems appropriate and just.

Respectfully submitted, KING & KING LAW LLC

Chris Sleeper
Attorney for Debtor
GA Bar # 700884
215 Pryor Street
Atlanta, GA 30303
(404)524-6400
notices@kingkingllc.com

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Fill in this information to identify your case:	Document Page 3 of				
Debtor 1 Hope Elaine Stevenson					
	dle Name Last Name				
Debtor 2 (Spouse if, filing) First Name Mid	dle Name Last Name				
United States Bankruptcy Court for the: NORTH	IERN DISTRICT OF GEORGIA				
Case number 16-70025					
(if known)				Check if this	
				amended filir	ng
Official Form 106E/F					
Schedule E/F: Creditors Who Ha	ve Unsecured Claims			12	2/15
Be as complete and accurate as possible. Use Part 1 fo any executory contracts or unexpired leases that could	or creditors with PRIORITY claims and Part 2 fo	or creditors with NON	PRIORITY O	laims. List the	other party to
left. Attach the Continuation Page to this page. If you hamme and case number (if known). Part 1: List All of Your PRIORITY Unsecured 1. Do any creditors have priority unsecured claims a	Claims	inc diacy and on die o			
■ Yes.					
List all of your priority unsecured claims. If a credi identify what type of claim it is. If a claim has both pric possible, list the claims in alphabetical order accordin Part 1. If more than one creditor holds a particular cla	ority and nonpriority amounts, list that claim here a g to the creditor's name. If you have more than tw	ind show both priority a	na nonprior	ty amounts. As i	much as
(For an explanation of each type of claim, see the inst	tructions for this form in the instruction booklet.)	Total claim	Priority	Nong	priority
O Development of Devenue	Last 4 digits of account number SSN	\$0.00	amount	\$0.00	\$0.00
2.1 Georgia Department of Revenue Priority Creditor's Name 1800 Century Blvd NE Suite 910 Atlanta, GA 30321	When was the debt incurred?	φ0.00	-	Ψ0.00	40.00
Number Street City State ZIp Code	As of the date you file, the claim is: Check a	all that apply			
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
☐ Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:				
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the	150			
Is the claim subject to offset?	Claims for death or personal injury while year	ou were intoxicated			

Other. Specify

Taxes

No

☐ Yes

Entered 01/30/17 11:49:27 Desc Main Case 16-70025-lrc Doc 26 Filed 01/30/17 Page 4 of 19 (if know) Document 16-70025 Debtor 1 Hope Elaine Stevenson \$0.00 \$0.00 Last 4 digits of account number SSN Unknown 2.2 IRS Priority Creditor's Name When was the debt incurred? Centralized Insolvency Opera P.O. Box 7346 Philadelphia, PA 19101-7346 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. .. ☐ Contingent ☐ Unliquidated Debtor 1 only Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another ■ Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify Taxes ☐ Yes Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Total claim \$726.00 Last 4 digits of account number 4.1 Account Control Systems, Inc. Nonpriority Creditor's Name When was the debt incurred? 85 Chestnut Ridge Rd. Suite 113 Montvale, NJ 07645-1827 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated

☐ Disputed

☐ Student loans

Other. Specify

report as priority claims

Type of NONPRIORITY unsecured claim:

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Debtor 2 only

■ No ☐ Yes

Debtor 1 and Debtor 2 only

is the claim subject to offset?

At least one of the debtors and another

☐ Check If this claim is for a community

Entered 01/30/17 11:49:27 Desc Main Case 16-70025-lrc Doc 26 Filed 01/30/17 Page 5 of 19 Case number (if know) Document 16-70025 Debtor 1 Hope Elaine Stevenson \$79.00 9594 **ALLIED COLLECTION** Last 4 digits of account number 4.2 Nonpriority Creditor's Name When was the debt incurred? Opened 12/28/2012 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No Other. Specify Collection ☐ Yes American Anesthesiology Assoc of \$216.00 Last 4 digits of account number 4.3 Georgia Nonpriority Creditor's Name When was the debt incurred? PO Box 88087 Chicago, IL 60680 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No. ☐ Yes Other. Specify \$725.00 Last 4 digits of account number 4.4 Amerimark Nonpriority Creditor's Name When was the debt incurred? PO Box 2845 Monroe, WI 53566 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code

Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor	1 Hope Elaine Stevenson		Case number (# know) 10-70025	
4.5	AUTOMOBILE ACCEPTANCE Nonpriority Creditor's Name	Last 4 digits of account number	9594	\$2,207.00
	PO BOX 961926 RIVERDALE, GA 30296	When was the debt incurred?	Opened 11/8/2013 Last Active 2/26/2014	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	d atalaa.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	a ciaim:	
	☐ Check If this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharii	ng plans, and other similar debts	
	Yes	Other. Specify Automobile		
4.6	AUTOMOBILE ACCEPTANCE	Last 4 digits of account number	9594	\$0.00
	Nonpriority Creditor's Name PO BOX 961926 RIVERDALE, GA 30296	When was the debt incurred?	Opened 3/15/2012 Last Active 11/8/2013	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims		
	■ No 😲	Debts to pension or profit-shari		
	Yes	Other. Specify Automobile)	
4.7	CarePayment	Last 4 digits of account number		\$1,241.00
	Nonpriority Creditor's Name PO Box 2398 Omaha, NE 68103	When was the debt incurred?		-
	Omaha, NE 68103 Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Untiquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Check if this claim is for a community	Student loans		
	debt is the claim subject to offset?	report as priority claims	paration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-shar	ing plans, and other similar debts	
	☐ Yes	Other. Specify		_

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Deptor 1	Hope Elaine Stevenson		Case Humber (if know) 10-70025	
	Clarient Diagnostic Services Inc	Last 4 digits of account number		\$303.00
	Nonpriority Creditor's Name P.O. Box 865360	When was the debt incurred?		
_	Orlando, FL 32886-5360 Number Street City State Zlp Code Who Incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	Other. Specify		
4.9	COMENITY BANK/LNBRYANT	Last 4 digits of account number	9594	\$0.00
	Nonpriority Creditor's Name	_	Opened 1/8/2005 Last Active	
	PO BOX 182789 COLUMBUS, OH 43218	When was the debt incurred?	5/31/2007	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Charge Acc	ount	
4.1	Credit Collection Services	Last 4 digits of account number		\$1,036.00
0	Nonpriority Creditor's Name 725 Canton Street	When was the debt incurred?		
	Norwood, MA 02062 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	Debtor 2 cnly	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	a viuiiii	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	•	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	

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4.1		0504	\$231.00
1	Credit Management Nonpriority Creditor's Name	Last 4 digits of account number 9594	φ231.00
	4200 International Pkwy Carrollton, TX 75007	When was the debt incurred? Opened 6/14/2016	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		
	☐ Check if this claim is for a community debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Crystal Springs	Last 4 digits of account number	\$122.00
	Nonpriority Creditor's Name P.O. Box 660579 Pollog TV 75366 0570	When was the debt incurred?	
	Dallas, TX 75266-0579 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another		
	☐ Check if this claim is for a community ☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Dekalb Medical Center	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 2701 North Decatur Rd.	When was the debt incurred?	
	Decatur, GA 30033 Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only ☐ Unfiquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

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1 Hope Elaine Stevenson		
DeKalb Pathology PC	Last 4 digits of account number	\$220.0
Nonpriority Creditor's Name P.O. Box 1457	When was the debt incurred?	
Bluefield, WV 24701-1457 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	
DIVERSIFIED CONSULTANT	Last 4 digits of account number 9594	\$232.0
Nonpriority Creditor's Name PO Box 551268	When was the debt incurred? Opened 10/15/2015	
Jacksonville, FL 32255	The standard of the standard o	
Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_	El automat	
Debtor 1 only	☐ Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
■ No		
☐ Yes	Other. Specify	
IC System	Last 4 digits of account number 9594	\$595.0
Nonpriority Creditor's Name P O Box 64378 St. Paul, MN 55164	When was the debt incurred? Opened 4/22/2016	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only		
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Collecting for:	

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16-70025 Debtor 1 Hope Elaine Stevenson 4.1 7 \$120.00 Medical Revenue Service Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 1149 Sebring, FL 33871 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who Incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No. ☐ Yes Other. Specify 4.1 \$456.00 Metro Ambulance Services Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 198408 Atlanta, GA 30384 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 \$832.00 Last 4 digits of account number Paypal Credit Nonpriority Creditor's Name When was the debt incurred? P.O. Box 105658 Atlanta, GA 30348-5658 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 Hope Elaine Stevenson 4.2 0 \$4,612.00 Portfolio Recovery Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 12914 Norfolk, VA 23541 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 \$1,035.00 **Quest Diagnostics** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? . PO Box 55126 Boston, MA 02205 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 \$142.00 9594 **SCANA** Last 4 digits of account number Nonpriority Creditor's Name Opened 11/25/2013 Last Active P.O. Box 964 When was the debt incurred? 6/1/2015 Augusta, GA 30903-0964 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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16-70025 Debtor 1 Hope Elaine Stevenson 4.2 3 \$77.00 9594 Last 4 digits of account number **SCANA** Nonpriority Creditor's Name When was the debt incurred? Opened 11/1/2013 P.O. Box 964 Augusta, GA 30903-0964 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No No ☐ Yes Other. Specify \$256.00 4.2 Smokerise Family Medical Association Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1505 Lilburn-Stone Mountain Rd. Suite 100 Stone Mountain, GA 30087 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 \$256.00 Smokerise Family Medical Association Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1505 Lilburn-Stone Mountain Rd. Suite 100 Stone Mountain, GA 30087 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Case 16-70025-lrc Doc 26 Filed 01/30/17 Entered 01/30/17 11:49:27 Desc Main Page 13 of 19 number (if know) Document 16-70025 Debtor 1 Hope Elaine Stevenson 4.2 \$0.00 9594 SYNCB/Sleep Number Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 8/6/2004 Last Active PO Box 965005 When was the debt incurred? 2/1/2005 Orlando, FL 32896 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. □ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims **CCS Payment Processing Center** Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 55126 Boston, MA 02205-5126 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **DeKabl Pathology PC** Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims P.O. Box 1259 Part 2: Creditors with Nonpriority Unsecured Claims Dept. 12867 Oaks, PA 19456 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. Total Claim 6a. 0.00 **Domestic support obligations** Total claims 6b. 6b. Taxes and certain other debts you owe the government from Part 1 0.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d. 0.00 6e Total Priority. Add lines 6a through 6d. Total Claim 6f. 0.00 6f Student loans Total claims Obligations arising out of a separation agreement or divorce that 0.00 from Part 2 6g. 6g. you did not report as priority claims 0.00 Debts to pension or profit-sharing plans, and other similar debts 6h.

6i.

61.

Other, Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

15,719.00

15,719.00

here.

6h.

6i.

Fill in this info	rmation to identify your	case:	sii. Page 14.0(18	
Debtor 1	Hope Elaine Steve	enson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF GEORGIA	
Case number	16-70025			
(if known)				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information	12/1
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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Par	t 130 Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	15,999.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	15,999.00
Par	rt 2: Summarize Your Liabilities		
			abilities I you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	15,152.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	15,719.00
	Your total liabilities	\$	30,871.00
Pa	Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,666.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,260.00
Pa	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	s box and s	submit this form to
O	the court with your other schedules. fficial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information		page 1 of 2
	The state of the s		Rest Case Bankruptcy

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 2,650.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

9.1	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

UNITED STATES BANKKUPTOY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE:

CHAPTER 13

Hope Elaine Stevenson,

CASE NO. 16-70025 - LRC

Debtor.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief.

Hope Elaine Stevenson

Date

Penalty for making a false statement or concealing property:

Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§152 and 3571.

Supplemental Matrix

American Anesthesiology Assoc of Georgia PO Box 88087 Chicago IL 60680

Amerimark PO Box 2845 Monroe WI 53566

CarePayment PO Box 2398 Omaha NE 68103

Medical Revenue Service P.O. Box 1149 Sebring FL 33871

Metro Ambulance Services P.O. Box 198408 Atlanta GA 30384

Portfolio Recovery P.O. Box 12914 Norfolk VA 23541

Quest Diagnostics PO Box 55126
Boston MA 02205

Smokerise Family Medical Association 1505 Lilburn-Stone Mountain Rd. Suite 100 Stone Mountain GA 30087

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE:

CHAPTER 13

Hope Elaine Stevenson,

CASE NO. 16-70025 - LRC

Debtor.

CERTIFICATE OF SERVICE

I hereby certify, under penalty of perjury, that I am more than 18 years of age, and that on this day, I served a copy of the within Amended Schedule upon the following by depositing a copy of same in U.S. Mail with sufficient postage, unless otherwise noted, affixed thereon to ensure delivery to:

Adam M. Goodman, Chapter 13 Trustee 260 Peachtree Street NW, Suite 200 Atlanta, GA 30303; Via E-notice

American Anesthesiology Assoc of Georgia PO Box 88087 Chicago IL 60680

Amerimark PO Box 2845 Monroe WI 53566

CarePayment PO Box 2398 Omaha NE 68103

Medical Revenue Service P.O. Box 1149 Sebring FL 33871

Metro Ambulance Services P.O. Box 198408 Atlanta GA 30384

Portfolio Recovery P.O. Box 12914 Norfolk VA 23541 Quest Diagnostics PO Box 55126 Boston MA 02205

Smokerise Family Medical Association 1505 Lilburn-Stone Mountain Rd. Suite 100 Stone Mountain GA 30087

Hope Elaine Stevenson P.O. Box 930116 Norcross, GA 30003

This 30 day of 30007,

By:

Chris Sleeper Attorney for Debtor GA Bar # 700884 215 Pryor Street Atlanta, GA 30303 (404)524-6400

notices@kingkingllc.com